

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED      AFTER  
IND.    DEP.      1st AMENDMENT      AFTER  
IND.    DEP.      2nd AMENDMENT

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	32					
TOTAL DEP.	18					
TOTAL CLAIMS	71					

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